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** CONTINUING DATA *****

copm 1/6/07
N/A

** FOREIGN APPLICATIONS *****

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N/A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/23/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	1/6/07	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after	MN	11	24	5
Verified and Acknowledged	<i>Copm</i>	<i>copm</i>	Examiner's Signature	Initials		

ADDRESS

28075

TITLE

Intravascular device with carrier tube engagement member

FILING FEE RECEIVED 2060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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